

**Exhibit 1 to Hall Declaration**

12-12020-mg Doc 7847-43

Filed 12/09/14

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Exhibit 1

Jul. 10. 2008 10:49AM DELP INSURANCE

to Hall Decl Pg. 220 of 3 P. 2

Policy Number: 225 &amp; 227

**EVIDENCE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY)

7/10/2008

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE OF PROPERTY INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

<b>AGENCY</b> Delp Insurance Services FIRST FLOOR 1035 MILL CREEK DRIVE FEASTERVILLE PA 19053 FAX (215) 364-9144 E-MAIL: DELPINS@VERIZON.NET CODE: SUB CODE:		<b>COMPANY</b> THE PHILA CONTRIBUTIONSHIP 210 SOUTH FOURTH STREET PHILADELPHIA, PA 19106	
<b>INSURED</b> KENNETH TAGGERT 45 HERON ROAD HOLLAND, PA 18966		<b>LOAN NUMBER</b> 225 & 227	<b>POLICY NUMBER</b> 225 & 227
		<b>EFFECTIVE DATE</b> 8/9/2007	<b>EXPIRATION DATE</b> 08/ 9/2008
		<input checked="" type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:			

**PROPERTY INFORMATION**

LOCATION/DESCRIPTION

521 COWPATH RD TELFORD PA 18969

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

**COVERAGE INFORMATION**

COVERAGE / PERILS / FORCES	AMOUNT OF INSURANCE	DEDUCTIBLE
DWELLING	\$660,000	
LIABILITY	\$100,000	
MEDICAL PAYMENTS TO OTHERS	\$ 1,000	
<b>PREMIUM:</b>		\$1700

**REMARKS (Including Special Conditions)****PAID**

DATE: 7/10/08

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL \_\_\_\_\_ DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

**ADDITIONAL INTEREST**

<b>NAME AND ADDRESS</b> L & A FINANCIAL GROUP LLC 1681 KENNETH RD YORK PA 17408	<input checked="" type="checkbox"/> MORTGAGEE	<b>ADDITIONAL INSURED</b>
	<input type="checkbox"/> LOSS PAYEE	
	<b>LOAN #</b>	<b>AUTHORIZED REPRESENTATIVE</b>

ACORD 27 (2006/07)

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Policy Number 225 & 227

717-464-1874

# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

7/10/2008

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<b>AGENCY</b> Delp Insurance Services FIRST FLOOR 1035 MILL CREEK DRIVE FEASTERVILLE PA 19053		<b>PHONE</b> (A/C, No, Ext): (215) 355-9660		<b>COMPANY</b> THE PHILA CONTRIBUTIONSHIP 210 SOUTH FOURTH STREET PHILADELPHIA, PA 19106	
<b>FAX</b> (A/C, No): (215) 364-9144		<b>E-MAIL ADDRESS:</b> DELPINS@VERIZON.NET			
<b>CODE:</b>		<b>SUB CODE:</b>			
<b>AGENCY CUSTOMER ID #:</b>					
<b>INSURED</b> KENNETH TAGGERT  45 HERON ROAD HOLLAND, PA 18966		<b>LOAN NUMBER</b>		<b>POLICY NUMBER</b> 225 & 227	
		<b>EFFECTIVE DATE</b> 8/9/2007		<b>EXPIRATION DATE</b> 8/9/2008	
				<input checked="" type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:					

## PROPERTY INFORMATION

**LOCATION/DESCRIPTION**  
521 COWPATH RD TELFORD PA 18969

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## COVERAGE INFORMATION


COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
DWELLING	\$660,000	
LIABILITY	\$100,000	
MEDICAL PAYMENTS TO OTHERS	\$ 1,000	
PREMIUM \$1,700.00		

## REMARKS (Including Special Conditions)

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL \_\_\_\_\_ DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

## ADDITIONAL INTEREST

<b>NAME AND ADDRESS</b>  L B A FINANCIAL GROUP LLC 1681 KENNETH RD YORK PA 17408	<input checked="" type="checkbox"/>	MORTGAGEE	ADDITIONAL INSURED
	<input type="checkbox"/>	LOSS PAYEE	
	<b>LOAN #</b>		
	<b>AUTHORIZED REPRESENTATIVE</b> 		

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